2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000000937 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA YOUTH MOTOR SPORTS TEAM, INC. 03-06-2000 90087 011 ****61.25 Principal Place of Business Mailing Address 1680 NW RIVER TRAIL 1680 NW RIVER TRAIL STUART FL 34994 STUART FL 34994-9447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0736879 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent per is Not Acceptable CLAYTON, BARRY L 1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATUR 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Addition TIT! F ☐ Delete **BILANCIO, JOSEPH W** NAME STREET ADDRESS 1680 NW RIVER TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change Addition ☐ Defete TITLE TITLE SANDERS, TED NAME NAME STREET ADDRESS 902 E TIFFANY DR APT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach FL 33407 Delete ☐ Change Maddition Addition TITLE TITLE HEWITT, FAYE NAME NAME STREET ADDRESS STREET ADDRESS 1601 GEORGIA AVE CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 - - Delete Addition ST TITLE Change TITI F York, John NAME NAME STREET ADDRESS STREET ADDRESS 4406 FOREST HILL BLVD CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL 33406 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered